

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048835

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 176

STATE FILE NUMBER

FILED DEC 20 1963

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Neosho</b>		c. CITY OR TOWN <b>Neosho</b>	
Length of stay in 1b <b>D.O.A.</b>		Inside Limits <b>Yes</b> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Sale Memorial Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>517 S. High Street</b>	
Inside Limits <b>Yes</b> No <input type="checkbox"/>		Reside on Farm <b>Yes</b> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>ALLIE B. HUBBARD</b>			4. DATE OF DEATH Month <b>December</b> Day <b>12</b> Year <b>1963</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/7/1883</b>	9. AGE (last birthday) <b>80</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stone Contractor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>		11. BIRTHPLACE (City and state or country) <b>Neosho, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>George W. Hubbard</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Sparkman</b>	
14. NAME OF HUSBAND OR WIFE <b>Effie L. Hubbard</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT <b>Effie L. Hubbard</b>		Address <b>Neosho, Mo.</b>			

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion, acute</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden Death</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>3:30</b> a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Neosho, Missouri</b>	
21. I attended the deceased from <b>Nov 1962</b> to <b>12-12-63</b> and last saw him alive on <b>Dec 7, 1963</b>		Death occurred at <b>3:30 p.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <b>Harold C. Lutz</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>113 West Hickory St. Neosho, Missouri</b>		22c. DATE SIGNED <b>12-16-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12/14/63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Neosho, Mo.</b>		23e. DATE RECD. BY LOCAL REG. <b>12-16-63</b>		23f. REGISTRAR'S SIGNATURE <b>Waydene Belka</b>	

24. FUNERAL DIRECTOR <b>Clark Funeral Home</b>		ADDRESS <b>Neosho, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-16-63</b>	
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300 Rev. 4/59

10735  
20735  
3  
4 0  
5 1  
6  
7 0  
8 0  
9 12-01  
10  
11  
12 2-0  
13 6-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *H. Wayne Davis*

Licensed Embalmer No. 5791

P. O. Address 632 Park St.

North St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.